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Gates & Cooper *LLP*Howard Hughes Center
6701 Center Drive West, Suite 1050
Los Angeles, California 90045**FAX TRANSMISSION TO USPTO**TO: Commissioner for Patents
Attn: Examiner Mary J. Steelman
Patent Examining Corps
Facsimile Center
Alexandria, VA 22313-1450FROM: George H. Gates
OUR REF.: STL920000085US1
TELEPHONE: (310) 642-4146Total pages, including cover letter: 14PTO FAX NUMBER: 571-273-8300

If you do NOT receive all of the pages, please telephone us at (310) 641-8797, or fax us at (310) 641-8798.

Title of Document Transmitted:	TRANSMITTAL DOCUMENTS AND AMENDMENT UNDER 37 C.F.R. 1.111
Applicant:	Rebecca Lau Poole et al.
Serial No.:	09/939,846
Filed:	August 27, 2001
Group Art Unit:	2191
Title:	INTERACTIVE AGENT FOR A TOPOLOGICAL MULTI-TIER BUSINESS APPLICATION COMPOSER
Our Ref. No.:	STL920000085US1

Please charge all fees to Deposit Account No. 09-0460 of IBM Corporation, the assignee of the present application.

By: Name: George H. Gates
Reg. No.: 33,500

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Rebecca Lau Poole et al. Examiner: Mary J. Steelman
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 COMPOSER

CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8

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By: 
 Name: George H. Gates

MAIL STOP AMENDMENT
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing a Certificate of Mailing or Transmission under 37 CFR 1.8.
- ☒ Amendment Under 37 C.F.R. §1.111.

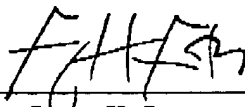
CLAIMS PRESENT

Claims Remaining:	Highest Number Previously Paid For:	Number Extra	Rate	Fee
Total Claims				
15	20	0	x \$50.00	\$0.00
Independent Claims				
3	3	0	x \$200.00	\$0.00
MULTIPLE DEPENDENT CLAIM FEE				\$0.00
TOTAL FILING FEE				\$0.00

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

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Customer Number 22462
GATES & COOPER LLP
 Howard Hughes Center
 6701 Center Drive West, Suite 1050
 Los Angeles, CA 90045
 (310) 641-8797

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 GHG/mj

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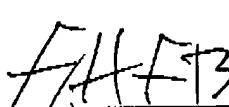
Claims Remaining:	Highest Number Previously Paid For:	Number Extra	Rate	Fee
Total Claims				
15	20	0	x \$50.00	= \$0.00
Independent Claims				
3	3	0	x \$200.00	= \$0.00
MULTIPLE DEPENDENT CLAIM FEE				\$0.00
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Dear Sir:

In response to the Office Action dated November 14, 2005, please amend the above-identified application as follows.